

# Foster Family Home - Corrective Action Report

Provider ID: 1-160055

Home Name: May Simeon, CNA

Review ID: 1-160055-8

94-687 Lahaole Place

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 4/20/2021

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed annual inspection

Corrective action report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

## Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) No RN delegation present for client # 1 for [REDACTED]

## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(5) Fire shall be documented in a log with the date and time of each drill, the time it took to complete the evacuation, and names of participants

Comment:

(3P)(b)(5) Fire no fire drills documented for 2021

## Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(1) By order of a physician;

Comment:

47.(d)(1) No [REDACTED] for client # 1 or # 2  
NO MD orders at all in the client # 2 binder

## Foster Family Home Client Rights [11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) Client # 2 does not have a lock on the inside for patient privacy

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Foster Family Home

Records

[11-800-54]

- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 54.(c)(5) Medication schedule checklist;
- 54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;
- 54.(c)(7) Expenditure records; and
- 54.(c)(8) Personal inventory.

Comment:

54.(c)(2) Service plan for client # 1 is missing

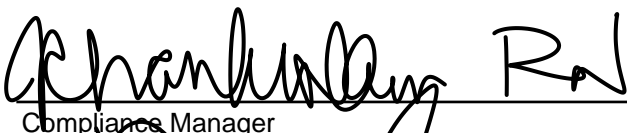
54.(c)(7) Client # 1 and 2 No Personal allowance log documentation


54.(c)(8) Client # 1 and 2 No client belonging record documentation

54.(c)(5) No medication administration record is present for client # 1 or 2 since January 2021

54.(c)(6) No daily flow sheet for client # 1 or # 2 since March 2021 including [REDACTED] for client # 1 and # 2

54.(c) Medication discrepancy for client # 2 medication prescription label did not match medication administration record and / or the signed MD orders

  
Compliance Manager

  
Primary Care Giver

4/20/21  
Date

4/20/21  
Date